## COMMUNITY LONG TERM CARE SERVICES Appendix C-3 MODEL REFERRAL TO

**ECONOMIC SUPPORT** (Revised November 10, 2005)

1. Applicant's Name2. SSN/3. DOB	
4. Address 5. Phone#	
9. Relationship to Applicant:	
5. TYPE OF LONG TERM CARE PROGRAM TARGET GROUP ELIGIBILITY (Circle one): CIP 1A CIP 1B CIP II COP-W FCW	
PACE PARTNERSHIP CLTS BRAIN INJURY WAIVER	
6. COMMUNITY WAIVER FUNCTIONAL ELIGIBILTY? YESNO	
7. PACE / PARTNERSHIP AGENCIES – LEVEL OF CARE (Circle one): ICF – Intermediate Care Facility ISN – Intensive Skilled Nursing SNF – Skilled Nursing Facility	
8. SPECIAL HOUSING AMOUNT IN SUBSTITUTE CARE  Rent only from Room and Board costs	
9. <b>GROUP B</b> <sup>1</sup> MONTHLY OUT OF POCKET MEDICAL REMEDIAL EXPENSES Out of pocket expenses only (Do not include health insurance premiums in this figure. ESS collects this information separately.)	
a. Out of pocket <sup>3</sup> e. Medicaid card services e. Waiver services d. TOTAL * Except COP funded room and board!	
1. PLAN FOR PROCESSING APPLICATION (Circle one): Care Manager will arrange appointment with ESES will arrange own appointmentOther (Specify)	SS

 <sup>&</sup>lt;sup>1</sup> ESS enters Group B medical/remedial expenses on AFME CARES Screen
 <sup>2</sup> ESS enters Group C medical/remedial and Medicaid card services on ANCW CARES screen
 <sup>3</sup> Do not include health insurance premiums in this figure. ESS collects this information separately.